

FILED
Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90172 029 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # 757103

1. Corporation Name

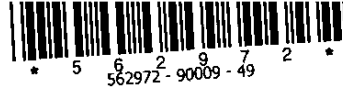
SUNRISE LAKES CONDOMINIUM PHASE 4, INC. 2

Principal Place of Business

A & M PROPERTY MGT
 3475 HIATUS ROAD
 SUNRISE FL 33351
 US

Mailing Address

A & M PROPERTY MGMT INC
 3475 HIATUS RD
 SUNRISE FL 33351
 US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		04/01/1981	
22 3475 North Hiatus RD		27 3475 North Hiatus RD		4. FEI Number	
23 City & State		28 City & State		59-2115613	
24 Zip		29 Zip		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
Country		Country		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
MALCOLM H WALDRON III 3475 HIATUS ROAD SUNRISE FL 33351				81 Name A & M PROPERTY MANAGEMENT, INC	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83 3475 North Hiatus Road	
				84 City Sunrise FL 85 Zip Code 33351	
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.					
SIGNATURE: <i>[Signature]</i> DATE: 5/17/99					

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	D
NAME	DAVID DEUTSCH	1.2 NAME	Norman Berlin
STREET ADDRESS	2607 NW 104TH AVE	1.3 STREET ADDRESS	2786 NW 104th Avenue
CITY-ST-ZIP	SUNRISE FL	1.4 CITY-ST-ZIP	Sunrise, FL
TITLE	D	2.1 TITLE	D
NAME	LAMPNER, LESTER	2.2 NAME	Robert Livingston
STREET ADDRESS	2635 NW 104 AVE., BLDG. 213 APT. 401	2.3 STREET ADDRESS	2521 NW 104th Avenue
CITY-ST-ZIP	SUNRISE FL	2.4 CITY-ST-ZIP	Sunrise, FL
TITLE	T	3.1 TITLE	S/D
NAME	PLUTNER, SAM	3.2 NAME	Larry Mason
STREET ADDRESS	2607 NW 104TH AVENUE	3.3 STREET ADDRESS	2786 NW 104th Avenue
CITY-ST-ZIP	SUNRISE FL	3.4 CITY-ST-ZIP	Sunrise, FL
TITLE	VPD	4.1 TITLE	
NAME	KOPF, MURRAY	4.2 NAME	
STREET ADDRESS	2704 NW 104TH AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	SUNRISE FL	4.4 CITY-ST-ZIP	
TITLE	SD	5.1 TITLE	
NAME	STANLEY MORTMAN	5.2 NAME	
STREET ADDRESS	2638 NW 104TH AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	SUNRISE FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **FILED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)